

Receipt No. _____

No. _____

OFFICE OF BOARD OF ELECTRICAL EXAMINERS

APPLICATION FOR ELECTRICAL LICENSE

City of St. Francis - Ph# 414-481-2300 - Fax# 414-481-6483
4235 S. Nicholson Ave. St. Francis, WI 53235

Date _____

Firm Name _____

Address _____ City, State, Zip _____

If Partnership, give names and addresses of all partners _____

City of St. Francis License No. _____ Year Ending April 30, 20 _____

Application is hereby made to employ _____
As Supervising Electrician for the above named Firm for the year ending April 30, 20 _____, subject
to all of the provisions of the City of St. Francis Chapter 16 and Wisconsin State Electrical Code - Comm.
16 and amendments thereto.

Signed _____

Phone # _____

Official Title _____

Cell # _____

License Fee _____

Note: Should the above Supervising Electrician sever his connections with the Licensee, the Licensee shall
immediately file a certificate of his successor, same as the original certificate, but no additional fee shall be
charged/

STATE OF WISCONSIN}
County of Milwaukee }ss.

_____ being first duly sworn on oath deposes and says that
he/she is a citizen of _____ County, State of Wisconsin, and a resident of
the Town, City, Village of _____
and that he is eligible, as per record on file in the Office of the Electrical Inspector, to supervise all
Electrical work permitted under license as herein applied for.

Signed _____

Address _____

Subscribed and Sworn to before me this _____ day of _____ 20 _____.

Notary Public in and For Milwaukee County,
State of Wisconsin